

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1943 18

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

192

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2336a Benton St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Minnie Wilhelmina Tittel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married. 2 divorced Wid
6. (b) Name of husband or wife August Tittel 6. (c) Age of husband or wife if alive Deed. years
7. Birth date of deceased. March 2nd, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 4 hr. min.

9. Birthplace..... Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name..... ? Schlichting
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Don't know
15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Mueller

(b) Address 2336a Benton St.

17. (a) Burial (b) Date thereof 1-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director 3710 E. Grand Bl.

(b) Address Provost Und. Co.

19. (a) Jan 10 (b) J. E. Bredbeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2336a Benton St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1943 hour 9.30 minute A. M.

21. I hereby certify that I attended the deceased from
Nov. 24th, 1941 to Jan. 6th, 1943
that I last saw her alive on Jan. 3rd, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Myocarditis Duration 4 yrs.

Due to Multiple Arthritis 15 yrs

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Edwin J. Bredbeck M.D. (M. D. or other) MD
Address 3635 No. Newstead Ave signed.....

E. J. Fitch
36359 N. Hurstwood

9-10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.